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MARTIN D. SKINNER, M.D.
STATE EPIDEMIOLOGIST & CHIEF
PREVENTIVE HEALTH SERVICES
AREA CODE 406 449-2645

ARTHUR C. KNIGHT M.D.
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Department of Health and Environmental Sciences
STATE OF MONTANA HELENA, MONTANA 59601

NOVEMBER 1976 **MORBIDITY REPORT**

Disease	This Month			Reported to Date		
	1976	1975	1974	1976	1975	1974
Aseptic Meningitis	0	0	0	6	2	1
Brucellosis	0	0	0	1	0	0
Chicken Pox	76	71	100	937	857	1240
Colorado Tick Fever	0	0	0	19	7	6
Encephalitis, Primary	0	0	0	1	14	2
Encephalitis, Post-Infectious	0	0	1	0	2	2
Hepatitis, Infectious (A)	9	12	35	67	210	369
Hepatitis, Serum (B)	2	2	4	20	25	28
Hepatitis, Unspecified	4	3	1	21	39	9
Influenza-Like Disease	131	112	132	5188	3228	2030
Measles (Rubeola)	53	0	0	318	51	283
Meningococcal Disease	0	1	0	4	7	2
Mumps	3	7	5	18	43	165
Rocky Mountain Spotted Fever	0	0	0	1	5	0
Rubella	1	0	0	235	245	26
Salmonella Infections	2	1	4	68	44	50
Shigella Infections	4	13	19	38	75	342
Streptococcal Pharyngitis	464	295	317	3335	3625	3924
Tuberculosis (New Cases)	0	0	5	38	52	78
Venereal Disease						
Gonorrhea	163	178	212	1911	2024	1884
Syphilis, Prim. & Sec.	0	1	0	12	7	5
Whooping Cough Syndrome	0	2	0	1	6	0
Rabies in Animals	1	11	1	92	158	27

OTHER REPORTABLE DISEASES:

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COUNTIES	Aseptic Menin.	Chicken Pox	Enceph. Total	Gonorrhea	Hepatitis Inf.	Hepatitis Serum	Flu	Measles	Meningo-coccal Disease	Mumps	Rubella	StrepInf. Scarl. fev.	Salmon.	Shig.	T.B.	Animal Bites
Beaverhead																
Big Horn				9			3					31		2		
Blaine												57				
Broadwater																
Carbon				1												
Carter																
Cascade		29		27	8	1	19			3		131				
Chouteau							30					80				
Custer		5		2				2				23				
Daniels								2								
Dawson																
Deer Lodge							60					53				1
Fallon							1									
Fergus																
Flathead				8												
Gallatin				2												
Garfield																
Glacier		3		11			2					18				
Golden Valley																
Granite																
Hill				10								14				
Jefferson				2												
Judith Basin																
Lake				7				24				1				
Lewis & Clark				4							1		1			
Liberty		25					15					9				
Lincoln																
McCone																
Madison																
Meagher																
Mineral																
Missoula				34		1						3				
Musselshell				2												
Park																
Petroleum																
Phillips																
Pondera																
Powder River																
Powell																
Prairie												13				
Ravalli																
Richland				1												
Roosevelt				11			1	1				9				
Rosebud				2										2		
Sanders																
Sheridan		4		5												
Silver Bow																
Stillwater																
Sweet Grass																
Teton		2										6				
Toole																
Treasure																
Valley				1	1			24				16				
Wheatland																
Wibaux																
Yellowstone		8		24									1			
TOTAL	0	76	0	163	9	2	131	53	0	3	1	464	2	4	0	1

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EPIDEMIOLOGIC NOTES AND COMMENTS
'THE TICK TELEGRAPH'

NOVEMBER, 1976

MEASLES IN MONTANA

From an outbreak in Valley County beginning in early September, measles has now spread to ten counties across the state. Spread occurred primarily via a church convention of a sect that is reluctant to be vaccinated. The church members and their families from all over the state convened in Glasgow before the epidemic was recognized, and many children were exposed to several children who were in the infections, prodromal stage.

The current case count is approaching 200. There are currently two areas where uncontrolled transmission is taking place, Glendive (Dawson County) and Ronan (Lake County). Great Falls, Kalispell and Cut Bank have experienced their first cases within the past two weeks and control efforts should limit the spread of disease. Other counties reporting cases have been Yellowstone, Custer, Richland, Rosebud, and Roosevelt.

Again, we must emphasize that the first step in measles control is reporting of cases. We cannot control it if we don't know about it. Control can be gained with early intervention. All physicians and public health officials are urged to report measles as soon as it is suspected, so that vaccine and personnel may be deployed as rapidly as possible.

SWINE FLU NATIONWIDE

There have been two recent cases of swine flu in the United States. The first was a 32 year old male in western Missouri who had a documented rising titre to A/New Jersey with stable titres to A/Victoria and B/Hong Kong. Investigation by the Missouri Health Department and the Center for Disease Control failed to demonstrate any person to person spread of the disease.

The second case is in a farm hand from Wisconsin. A/New Jersey virus was isolated from throat washings. However, this man was working on a farm where an outbreak of swine flu was occurring amoung the swine. A/New Jersey virus was also isolated from the swine.

There is still no epidemic influenza present in the United States at this time. Sporadic cases of A/Victoria and B/Hong Kong continue to occur.

SWINE FLU PROGRAM MORATORIUM

Administration of all flu shots (both Swine Flu A/Victoria and B/Hong Kong) has at least temporarily been halted by the Department of Health, Education and Welfare. The halt was called after national surveillance noted an association between Guillain Barré syndrome and swine flu vaccination. At this writing there have been 107 cases uncovered nationwide and 54 had swine flu shots within one month of the onset of illness. Most cases have occurred one to three weeks after vaccination and the highest attack rate is in the 26 - 44 year age group. The relative risk of contracting Guillain Barré is seven times as great if a person has been vaccinated, but the absolute risk is one in 150,000 in vaccinees. Five cases have died (one of pulmonary embolism)

The vaccination campaign may be restarted after final studies are complete or if documented swine flu epidemics occur. We ask you to retain your supplies of vaccine for the present. If you have encountered patients in your practice with symptoms suggesting Guillain Barré please report them to us.

CHLORAMPHENICOL RESISTANT H. INFLUENZA

Haemophilus influenza, type b, resistant to chloramphenicol but sensitive to ampicillin was recovered from the blood and cerebro spinal fluid of a nine month old male from Philadelphia, Pennsylvania on November 4, 1976. The infant had a severe meningitis following a closed skull fracture and was initially treated with ampicillin and chloramphenicol for seven days. He received a total of 24 days of chloramphenicol therapy. The organism recovered from the initial blood and CSF cultures showed minimum inhibitory concentrations of 32 μ/ml chloramphenicol, 32 μ/ml tetracycline and 0.25 μ/ml of ampicillin by the microtube dilution technique. This case is the first case of chloramphenicol resistant H. influenza meningitis confirmed by the Center for Disease Control. Intravenous chloramphenicol and ampicillin has been recommended as initial therapy for purvlent meningitis in childhood. Other regimens that may be effective in treatment of meningitis, caused by H. influenza resistant to ampicillin, tetracycline and chloramphenicol, include sulfanilamide plus intrathecal streptomycin, and the combination of tricethoprim sulfamethoxazol given orally.

If you encounter H. influenza isolate that is resistant to chloramphenicol or ampicillin we would urge you to report it to us so that the organism may be referred to the Center for Disease Control for further testing.

Source MMWR December 10, 1976

1. Smith, A.L. Antibiotics and Invasive Haemophilus Influenza. N. Engl J. Med. 294: 1329 1331, 1976.

MENINGOCOCCAL PROPHYLAXIS

Winter is the season of greatest incidence of meningococcal disease and with every case, comes the question of prophylaxis. Current recommendations are for administering chemoprophylaxis to all household and intimate contacts. The drug of choice if rifampin, 600 mg every 12 hours for four doses for adults, 10 mg/kg body weight every 12 hours for four doses for children 1 to 12 years, and 5mg/kg body weight every 12 hours for four doses for children less than one year. Minocycline is also an effective drug but it has been associated with severe and frequent vestibular reactions. Because of the side effects, minocycline is not the drug of choice at this time.

Sulfadiazine was the drug of choice prior to the widespread emergence of resistant strains in 1963. Sulfadiazine should be used only for chemoprophylaxis in epidemic situations when the strain has been shown to be sensitive to sulfonamides. Dosage is 1 gm every 12 hours for four doses for adults and 0.5 mg every 12 hours for four doses for children.

Penicillin and ampicillin have been shown to be ineffective in eliminating nasal carriage of disease.

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December, 1976 **MORBIDITY REPORT**

Disease	This Month			Reported to Date		
	1976	1975	1974	1976	1975	1974
Aseptic Meningitis	0	0	0	5	2	1
Brucellosis	0	0	0	1	0	0
Chicken Pox	69	81	67	1006	969	1293
Colorado Tick Fever	0	0	0	19	7	6
Encephalitis, Primary	0	0	0	1	14	2
Encephalitis, Post-Infectious	0	0	0	0	2	2
Hepatitis, Infectious (A)	15	15	33	86	225	402
Hepatitis, Serum (B)	0	1	0	21	26	28
Hepatitis, Unspecified	5	2	0	26	41	9
Influenza-Like Disease	107	116	93	5295	3359	2139
Measles (Rubeola)	205	0	6	537	51	289
Meningococcal Disease	0	1	0	5	8	2
Mumps	2	1	0	20	44	165
Rocky Mountain Spotted Fever	0	0	0	1	5	1
Rubella	0	1	1	236	246	27
Salmonella Infections	1	1	6	69	45	56
Shigella Infections	0	14	13	38	79	350
Streptococcal Pharyngitis	491	291	207	3816	3949	4155
Tuberculosis (New Cases)	0	42	10	44	94	88
Venereal Disease						
Gonorrhea	163	145	169	2074	2160	2053
Syphilis, Prim. & Sec.	2	1	0	14	8	5
Whooping Cough Syndrome	0	0	0	1	6	8
Rabies in Animals	1	13	1	93	166	28

OTHER REPORTABLE DISEASES:

Botulism	0	0	0	1	0	0
Infectious Mononucleosis	1	0	1	16	0	3
Rheumatic Fever	0	1	0	0	2	13
Salmonella - Non Infectious	0	0	0	1	0	0
Typhoid Fever	0	0	0	1	0	0
Toxoplasmosis	0	0	0	1	0	0
Diphtheria	0	1	0	0	6	0
Encephalitis, Unspecified	0	0	0	0	1	9
Meningitis, Other Bacterial	0	0	1	2	2	8
Tularemia	1	0	0	0	1	0
Trachoma	0	0	0	0	0	12

December, 1976

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COUNTIES	Aseptic Menin.	Chicken Pox	Enceph. Total	Gonorrhea	Hepatitis Inf.	Hepatitis Serum	Flu	Measles	Meningo-coccal Disease	Mumps	Rubella	StrepInf. Scarl. fev.	Salmon.	Shig.	T.B.	Animal Rabies
Beaverhead																
Big Horn		3		11			11					22				
Blaine												68				
Broadwater																
Carbon																
Carter																
Cascade		15		41	10		6	8		2		209				
Chouteau							60									
Custer		4		1								11				
Daniels		15										25				
Dawson		8		4			10	101				3				1
Deer Lodge				2			8					32				
Fallon		11														
Fergus				1												
Flathead				4			1	1								
Gallatin				5												
Garfield																
Glacier				12	4			11				44				
Golden Valley																
Granite																
Hill				5								19				
Jefferson				1												
Judith Basin																
Lake				4			1	59				7				
Lewis & Clark				6				6					1			
Liberty		13					9					6				
Lincoln																
McCone																
Madison																
Meagher																
Mineral																
Missoula				16	1											
Musselshell				1												
Park																
Petroleum																
Phillips				1												
Pondera																
Powder River																
Powell												17				
Prairie																
Ravalli				1												
Richland																
Roosevelt				9												
Rosebud				11				5								
Sanders																
Sheridan																
Silver Bow				2			1									
Stillwater				1												
Sweet Grass												4				
Teton																
Toole																
Treasure				3								4				
Valley												20				
Wheatland																
Wibaux																
Yellowstone				21				14								
TOTAL	0	69	0	163	15	0	107	205	0	2	0	491	1	0	0	1

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EPIDEMIOLOGIC NOTES AND COMMENTS
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JANUARY, 1977

TULAREMIA

case of tularemia has been diagnosed in a 34 year old man living in rural ascade County. He is a part-time trapper and was skinning muskrats on about December 22, 1976. He punctured his hands shortly afterwards on thorny bush. Three days later he had the onset of fever and malaise. He had ulcerations on his hands and right axillary adenopathy. The tularemia titre was positive at 1:320 and a culture of the wound yielded an organism tentatively identified as F. tularensis. The man is currently responding to therapy. The only other case of tularemia this year was in a Helena girl contracting the disease from a tick bite.

INFLUENZA

The Montana Influenza Surveillance Program shows no evidence of epidemic influenza in the State, though sporadic cases are occurring. Nationally there is an outbreak of B/Hong Kong influenza in Memphis, Tennessee. An epidemic of A/Victoria influenza has recently occurred in a Miami nursing home. Person to person spread of swine influenza has been documented in Wisconsin among contacts of a farmhand who had contracted influenza from his swine.

This influenza season has been extraordinarily quiet in terms of epidemic influenza. Although one would expect influenza to arrive earlier in the season, February is not an unusual first month for true epdemic influenza and it has come as late as March in some years. We request that physicians report the appearance of epidemic influenza in their communities.

MEASLES

easles has recently been reported in owder River, Cascade, Glacier, ewis and Clark, Yellowstone, usselshell, ill, Wibaux, Dawson, and ake counties. Transmission remains unchecked in awson and ake counties. ctive surveillance and early reporting remain the keys to measles control.

GUILLAIN BARRE SYNDROME AND SWINE FLU IMMUNIZATIONS

The moratorium on influenza immunization has been lifted by the Department of Health, education and Welfare. The Advisory Committee on

Immunization Practices of the U.S. Public Health Service had recommended the resumption of the program now that the risk of Guillane-Barre has been defined (8 cases per 1,000,000 shots given) and is substantially less than the benefits to be reaped from the program. Specific information regarding the resumption of the program is being mailed separately to all health providers.

LEGIONNAIRES DISEASE

The cause of the respiratory illness that affected 180 members of the Pennsylvania American Legion, killing 29 of them this past July has been found by the Center for Disease Control. It is apparently a bacterium that has never been isolated before. It is a slow growing organism that has been grown only in chick embryos and guinea pigs. The organism does not grow on the usual bacteriolgic media. The organism is a small gram-negative bacillus that is moderately pleomorphic. It was initially felt to be an unusual rickettsia, but it is bigger than a rickettsia and does not react to complement fixation test for rickettsia. The bacterium was isolated from autopsy lung tissue from two cases.

Serologic studies using an indirect fluorescent antibody stain, have shown that 29 of 33 survivors of Legionnaires Disease have significant antibodies to the organism. Forty control sera from patients not related to the Legionnaires outbreak showed antibodies to the organism.

Of related interest is the presence of significant rising titres to the organism in 13 of 14 paired sera from patients involved in a similar outbreak of respiratory illness at a psychiatric hospital in Washington DC in 1966. There were 94 cases and 16 deaths in that outbreak.

Work is proceeding on identifying the organism taxomonically. The search for the source of the outbreak should be facilitated by the identification of this organism.

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